

SOS
610 N. Silver St
Silver City, NM 88061

575-956-6131
575-956-6947

Attson, Stephanie

ID: 151 DOB: 8/18/1987

Case Management Note (SOS)

Use Note Creation Time

Clear Time

Set Date/Time

7/30/2023
5:26 AM

Client to continue participating in programming plans now being implemented by shelter staff.

History of Risk Factors:

- *History of Abuse:
 - Physical abuse
- *History of Alcohol or Substance Abuse

Current Risk Factors:

- *Absent or Weak Support System:
- *Severe Financial Difficulty
- *Serious Current Medical Problems injured leg and ankle
- *Perceived Burden to Others

Suicide Risk Assessment:

Actual suicidal plans are denied.

Suicide Risk:

Based on the above risk factors, Stephanie's risk of suicide is considered Low. Fleeting thoughts may be present but there is no intention or plan.

Violence Risk:

Based on the above risk factors, Stephanie's risk of violence is considered Low. Aggressive or violent impulses are intermittent or fleeting without plan or intent.

Access to Lethal Means:

Access to lethal means was discussed with Stephanie. She denies having access to lethal means at this time.

1 Unit for H0038 Peer Support - UH, HM, TV

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 1:30 AM
Session end: 1:45 AM

rcd

Ryan Dingess, CSW

Electronically Signed

Service Location: Turner

Audit Log

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